

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Notice of FMLA Denial - Insufficient Medical Evidence

Dear [Employee Name],

On [Date Request Received], we received your request for leave under the Family and Medical Leave Act (FMLA). On [Date Certification Requested], we requested that you provide a completed medical certification to support your request.

This letter is to inform you that your request for FMLA leave is **DENIED** for the following reason(s):

- **Insufficient Medical Certification:** The documentation provided did not contain enough medical facts to determine if you or your family member has a serious health condition as defined by the FMLA.
- **Failure to Cure Deficiencies:** On [Date of Deficiency Notice], we notified you that your certification was incomplete or insufficient and provided you with seven (7) calendar days to correct these issues. We have not received the required additional information.

Because your leave is not qualified under FMLA, your absences beginning [Start Date] will be treated according to the company's standard attendance and leave policies. This may result in the absences being marked as unexcused.

If you are able to provide the necessary medical documentation within the next [Number] days, we may reconsider this determination. Please contact the Human Resources department at [Phone Number] or [Email Address] if you have any questions or wish to submit updated documentation.

Sincerely,

[Name of HR Representative]

[Title]

[Company Name]